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APPLICATION NO. FILIN	G DATE	FIRST NA	MED INVENTOR		ATTORNEY DO	CKET NO.	CONFIRMATION NO.
10/614,350 07/08/2003		Ma	Masaaki Goto		1046		7857
TITLE OF INVENTION: LID FOR USE			ATION FEE DUE	PREV. PAID ISSUE		. FEE(S) DUE	DATE DUE
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I. Change of correspondence address or it CFR 1.363). Change of correspondence address Address form PTO/SB/122) attached. Tee Address" indication (or "Fee PTO/SB/47; Rev 03-02 or more recensumber is required.	spondence (1) the or age (2) the registe 2 regist listed,	2. For printing on the patent front page, tist (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
3. ASSIGNEE NAME AND RESIDENCE PLEASE NOTE: Unless an assignee recordation as set forth in 37 CFR 3.1 (A) NAME OF ASSIGNEE SENJU METAL INDUPLEASE Check the appropriate assignee cat	is identified below, 1. Completion of this	no assignee data will s form is NOT a substit (B) RES	appear on the paute for filing an a	atent. If an assigner assignment 9/29/3 and STATE OR COUNTY OF TA	OUNTRY) 1501 IPAN		1409.00 OP 300.00 OP
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